Effective January 1, 2003 /06-72357												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E		جے OR	OTHE	R THAN ENTITY
TOTAL CLAIMS			1	_				RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	-	٦,,	BASIC FEI	
TOTAL CHARGEABLE CLAIMS			' / minus 20=		• n			X\$ 9=	†	1	1,000	
INDEPENDENT CLAIMS			1 minus 3 =		* '					OR	<b></b>	
MI	JLTIPLE DEPE	NDENT CLAIM	RESENT					X42=	<del>                                     </del>	OR	X84=	
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=		OR	+280=	
ï.										OR	TOTAL	750
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
A		CLAIMS REMAINING		HIGH	ST	(Column 3)	ı	SWALL	ADDI-	OR	SMALL	
X		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL
<b>AMENDMENT A</b>	Total	* /	Minus	PAID F	OR _	. —	<b> </b>		FEE			FEE
Z E	independent	. /	Minus	***	<del>{</del> -	•	-	X\$ 9=		OR	X\$18=	
⋖	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM	相	L	X42=		OR	X84=	
1/								+140=	_	OR	+280=	
Ö	3/12/0						A	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE	
$\dashv$	101101	(Column 1)	1	(Colum		(Column 3)						
H 8		REMAINING AFTER		NUMB PREVIO	ER	PRESENT		RATE	ADDI- TIONAL			ADDI-
AMENDMENT	<b>7</b>	AMENDMENT		PAID F		EXTRA	L	MAIE	FEE		RATE	TIONAL FEE
	Total Independent	* /	Minus	-2	0	<u> </u>	,	X\$ 9=		OR	X\$18=	
₹		NTATION OF MI	Minus	SENDENT (	Ct. A194			X42=	` `	OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  +140=											+280=	
						,	L	TOTAL		971	TOTAL	
		(Column 1)		(Columi	n 21.	(Column 3)	Æ	DIT. FEE L		OR ,	DOIT. FEE	
U		CLAIMS REMAINING		HIGHE	ST				ADDI-	r		
Ē		AFTER AMENDMENT		PREVIOU	SLY	PRESENT EXTRA			TIONAL		RATE	ADDI- TIONAL
AMENDMENT	Total	*	Minus	PAID FO			-		FEE	ŀ		FEE
	Independent	*	Minus	*** .			L	X\$ 9=		OR	X\$18=	
1	FIRST PRESENTATION OF MULT		LTIPLE DEP					X42=		OR	X84=	
+140= OR +280=												
•	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"  TOTAL											
T	he Trighest Numi	ber Previously Paid	For (Total or	o SPACE is li Independent	ess then h entrel	3, enter "3." ighest number i					DDIT. FEE <b>L</b> Ma 1.	

Application or Docket Number